



**TOWN OF AMHERST  
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR  
LICENSE**

To the Local Permit Agent:

Date: 6-24-9

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Megan Durell

ADDRESS: 4 Grover St  
Holyoke MA 01040

TELEPHONE: (413) 374-8065

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: Celebrity Cab

DATE OF BIRTH: 8/9/71 SOCIAL SECURITY #: 6- - - - -

HEIGHT: 5' 2 1/2" WEIGHT: 135 HAIR: Blonde EYES: Blue

DRIVER'S LICENSE #: \_\_\_\_\_

DATE OF EXPIRATION: 8-9-10

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Megan Durell

APPROVED/NOT APPROVED: 

Chief of Police

Date

6/24/05

Date Approved/Denied: \_\_\_\_\_ License # \_\_\_\_\_

Remarks: \_\_\_\_\_